

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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Ismael S Kelly

Write the full name of each plaintiff.

CV
(Include case number if one has been assigned)

-against-

Food and DRUG Administration

COMPLAINT

Do you want a jury trial?

☒ Yes ☐ No

The makers and Company
of The DRUG Respirator

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

The Mental Hospital
The Pharmacy
for Distribution

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

- ☒ Federal Question
- ☐ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

A DRUG was made to Reduce my
Hormones without Consent.
The DRUG was Aimed To produce
Female Hormones.

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of
(Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of _____.

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of
the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____.

If more than one defendant is named in the complaint, attach additional pages providing
information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional
pages if needed.

Ismael S Kelly
First Name Middle Initial Last Name

Homeless
Street Address

County, City State Zip Code

Telephone Number Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

~~Federal~~ ^{Food and Drug}
 First Name Last Name
 ADMINISTRATION
 Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City State Zip Code

Defendant 2:

Respirinol
 First Name Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City State Zip Code

Defendant 3:

Lincoln Hospital a mental
 Hospital Pharmaceutical medicine
 First Name Last Name
 Current Job Title (or other identifying information)
 Distributor

Current Work Address (or other address where defendant may be served)

BRONX NY
 County, City State Zip Code

also Long Island Jewish
 and various mental Hospitals

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence: _____

Date(s) of occurrence: _____

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

First proven interaction with
Respiradol was in Jamaica Hospital
around the year 2017

Second proven interaction was at
L Island Jewish mental Hospital
Elsa Cottage 2001
or about

I think I continued
Drug in 2003 or 2004

Lincoln Hospital 2011 or 2012

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

The most extensive injuries were witnessed by treatment from this drug Respiripal after being discharged from Lincoln Hospital and sent to Bronx Works Shelter and then proceeded to the Bridge

IV. RELIEF State briefly what money damages or other relief you want the court to order.

who provided the psychologist who prescribed the medication until I finally converted to a different medication after 2 years or more of taking the medication Respiripal

my hormones were completely stopped. my body was reduced to a weaker state.

I want the court to order \$6.25 million

want Court to ORDER

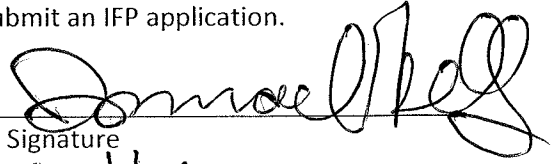
Six million and two hundred
and fifty Thousand dollars in
compensation and make a
law where anyone given
this medication must be
notified of its effects
considering no male person
should want to ever take
this mp

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated 1-27-2023 Plaintiff's Signature 
 First Name Ismael Middle Initial S Last Name Kelly
 Street Address 2090 125th Street (Homeless) Cases / ADAM Clayton
 County, City Bowling blvd State 10027 Zip Code NY, NY
 Telephone Number _____ Email Address (if available) _____

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.